Please read this information **CAREFULLY!**

STEPS TO TAKE

Becoming a Type B Limited Certified (LC) Child Care Provider

Thank you for your interest in becoming a Limited Certified child care provider with our agency. Please <u>read and follow these steps very carefully</u>, as you cannot be authorized to receive any payment until your certification process is <u>complete</u>, and the customer (parent that you are providing care for) is <u>eligible</u> for subsidized care! If you do not have a customer/parent, you **can not** be certified as a limited provider.

<u>Step 1:</u> OAC 5101:2-14 State rules and regulations govern Limited Certification. If you are interested in pursuing certification, you must first download and print for yourself a copy of these State rules and regulations at the following website:

www.franklincountyohio.gov/commissioners/jafs/vendor-childcare.cfm

Click on "5101:2-14 State Rules and Regulations for Type B Home Child Care"

<u>Step 2:</u> Complete the "<u>Pre-Screening Form for Type B Limited Certified Candidates.</u> Please be sure to print neatly and legibly. You must include date of birth and social security number for yourself and each adult living in your home.

<u>Step 3:</u> Return the completed <u>Pre-Screening Form to:</u> Child Care Certification, 345 E. Fifth Ave., Columbus, OH 43201.

Upon receipt of your registration form, screenings will be conducted through the Franklin County Municipal, Criminal, and Probate courts. You will be notified of the results. If you are approved through these screenings to continue the certification process,

<u>Step 4:</u> You will be referred to our vendor agency. Staff from that agency will give you direction on completing the 'Step 2' paperwork included in this packet, and continuing the process toward certification. You and the parent will be required to attend a mandatory orientation class together.

As a Limited Certified (LC) provider, you are limited to providing care to ONE of two audiences: either the children of ONE non-relative, **OR**, the children of legal, legitimate relatives; Never Both. For the purposes of this program, State law considers a 'cousin' to be a non-relative. You may choose for your home to Agency Inspected (AI) or Parent/Provider inspected (PPI). Agency Inspected (AI) means our agency conducts one home inspection per year. Parent Provider Inspected (PPI) means home visits will be conducted only upon receipt of a complaint or suspicion.

Care provided <u>prior to the completion of the certification process must be paid for by the customer</u> (parent). State and Federal law requires the customer (parent) and provider live and maintain <u>separate</u> residences. Certification can not be approved when/if the customer and provider live together. The limited certification process can take 2-4 months.

Again, thank you for your interest in Limited Certification. If you have any questions or concerns, please feel free to contact the Child Care Certification unit at (614) 233-2501.

Franklin County Department of Job and Family Services PRE-SCREENING FORM FOR TYPE B LIMITED CERTIFICATION Please Print Clearly.

Provider/Applicant Nar	me:	Date:	
Street Address:			
City, State:			Zip:
Landline Phone (require	d):	Alternate Phone:	
Are you a Licensed Tre	atment Foster Home?	S 🔲 NO	
Primary Language:	All parts	Interpreter Need	ded? YES NO
Customer/Parent Name	e (required):	SS#:	
	Name	Birth Date	SS#
Provider/Applicant	1		
HH Adult (Household Adult)			
HH Adult			
HH Adult			
offenses are found, I monoffenses. Provider/Applicant Sig You passed the prean orientation class tog	nature: DO NOT WRITE BE e-screenings. To begin the certification for Children. If you like. You must contact Action for	LOW THIS LINE	form to view disqualifying ur customer must attend
not contact Action for	Children bycan be made for services render	, you will be required	to complete a new pre-
offense(s) exist on you	to continue the certification process and/or a member of your househo offenses are listed on the back of th	ld's record. If you have quest	
Customer Eligibility Da	nte:	_	
Probate Court Screen	Date:	_ Results:	
	stem Screen Date:en Health/Safety Class? 🔲 YE		

Prohibited Offenses

R.C. 2903.02 - Murder R.C. 2903.03 - Voluntary manslaughter R.C. 2903.04 - Involuntary manslaughter ASSAULT R.C. 2903.11 - Felonious assault R.C. 2903.12 - Aggravated assault R.C. 2903.13 - Assault R.C. 2903.16 - Failing to provide for a functionally impaired person MENACING R.C. 2903.15 - Permitting child abuse R.C. 2903.21 - Aggravated Menacing R.C. 2903.211 - Menacing by stalking R.C. 2903.22 - Menacing PATIENT ABUSE R.C. 2903.34 - Patient abuse or neglect KIDNAPPING AND RELATED ISSUES R.C. 2905.01 - Kidnapping R.C. 2905.02 - Abduction R.C. 2905.04 - Child Stealing (as this law existed prior to July 1, 1996) R.C. 2905.05 - Criminal child enticement SEX OFFENSES R.C. 2907.02 - Rape R.C. 2907.03 - Sexual battery R.C. 2907.04 - Corruption of a minor R.C. 2907.05 - Gross sexual imposition R.C. 2907.06 - Sexual imposition R.C. 2907.07 - Importuning R.C. 2907.08 - Voyeurism R.C. 2907.09 - Public indecency R.C. 2907.09 - Public indecency R.C. 2907.12 - Felonious sexual penetration (as this former section of the law) R.C. 2907.21 - Compelling prostitution R.C. 2907.22 - Promoting prostitution R.C. 2907.23 - Procuring R.C. 2907.25 - Prostitution R.C. 2907.31 - Disseminating harmful material to juveniles R.C. 2907.32 - Pandering obscenity R.C. 2907,321 - Pandering obscenity involving a minor R.C. 2907.322 - Pandering sexually oriented matter involving a minor R.C. 2907.323 - Illegal use of a minor in nudity oriented material or performance ARSON R.C. 2909,02 - Aggravated arson R.C. 2909.22 - Soliciting or providing support for act of terrorism R.C. 2909.23 - Making terroristic threat R C. 2909.24 - Terrorism R.C. 2909.03 - Arson ROBBERY AND BURGLARY R.C. 2911,01 - Aggravated robbery R.C. 2911.02 - Robbery R.C. 2911.11 - Aggravated burglary R.C. 2911.12 - Burglary THEFT AND FRAUD R.C. 2913.02- - Theft; aggravated theft

HOMICIDE

R.C. 2903.01 - Aggravated murder

enses
R.C. 2913.33 - Making or using slugs
R.C. 2913.05 - Telecommunications fraud
R.C. 2913.06Unlawful use of telecommunications device
R.C. 2913.11Passing bad checks
R.C. 2913.21Misuse of credit cards
R.C. 2913.31Forgery; identification card
R.C. 2913.32 - Criminal simulation
R.C. 2913.40 - Medicaid fraud
R.C. 2913.41 - Prima facie evidence of purpose to defraud
R.C. 2913.42 - Tampering with records
R.C. 2913.43 - Securing writings by deception
R.C. 2913.44 - Personating an officer
R.C. 2913.441 - Law enforcement emblem display
R.C. 2913.45 - Defrauding creditors
R.C. 2913.46 - Illegal use of food stamps/WIC program benefits
R.C. 2913.47 - Insurance fraud
R.C. 2913.48 - Worker's Compensation Fraud
R.C. 2913.49 - Identity fraud
OFFENSES AGAINST THE FAMILY
R.C. 2919.12 - Unlawful abortion
R.C. 2919.22 - Endangering children
R.C. 2919.23 - Interference with custody
R.C. 2919.24 - Contributing to unruliness or delinquency of a child
R.C. 2919.25 - Domestic violence
OFFENSES AGAINST PUBLIC ADMINISTRATION
R.C. 2921.11 - Perjury
R.C. 2921,13 - Falsification
WEAPONS CONTROL
R.C. 2923.12 - Carrying concealed weapons
R.C. 2923.13 - Having a weapon while under disability
R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
R.C. 2923.,01 - Conspiracy
R.C. 2923.02- Complicity, that relates to a crime specified in division 109.572,(a),(g)
R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572.(a),(g)
DRUG OFFENSES
R.C. 2925.02 - Corrupting another w/drugs
R.C. 2925.03 - Trafficking in drugs
R.C. 2925.04 - Illegal manufacturing of drugs or cultivation of marijuana
R.C. 2925.05 - Funding or drug or marijuana trafficking
R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession
offense in section R.C. 2925.01
OTHER
SECOND SAN BALL DO DE DE TEL
D.C. 050, 13. Carolty to animale

R.C. 959.13 - Cruelty to animals R.C. 2905.11 - Extortion R.C. 3716.11 - Placing harmful objects in food or confection R.C. 2909.04 - Disrupting public service R.C. 2909.05 - Vandalism R.C. 2917.01 - Inciting to violence R.C. 2907,03 - Riot R.C. 2917.31 - Inducing panic R.C. 2921.03 - Intimidation R.C. 2921,34 - Escape R.C. 2921.35 - Aiding escape or resistance to authority R.C. 2927.12 - Ethnic Intimidation

R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI (A second violation five years of the date of application for a licensure of employment.)

On an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed from which must be used to meet the requirements of rule 5101: 2-14-11 of the Administrative Code.

R.C. 2913.04 - Unauthorized use of property, computer, cable or telecommunication

R.C. 2913.041 - Possession/sale of unauthorized cable television device

R.C. 2913.03- - Unauthorized use of a vehicle

R.C. 2923,02 - Attempt

property or service

OAC 5101: 2-14 Approved Additional County Requirements For Certification of Home Child Care Providers

Effective: May 27, 2004

1. Rules of Construction

For the purpose of these state approved rules, unless otherwise specified, the term certified type B child care provider includes both professional and limited certification type B child care providers.

2. Prior Revocation Due to Safety Issue

FCDJFS may refuse to re-certify an applicant whose type B certification was previously revoked because FCDJFS determined that the applicant or the conditions in the type B certified home endangered the health, safety, or well being of children.

3. Prior Revocation Due to Safety Issues-Emergency/Substitute Caregiver

FCDJFS may refuse to approve as an emergency or substitute caregiver any individual who was previously certified as a type B child care provider, but whose type B certification was revoked because FCDJFS determined that the individual, or the conditions in the type B certified home endangered the health, safety, or well being of children.

4. Prior Revocation due to Provider Fraud

The FCDJFS may refuse to re-certify an applicant whose type B child care certificate was previously revoked due to improper or fraudulent child care billing practices.

5. Prior Revocation due to Provider Fraud

FCDJFS may refuse to approve as an emergency or substitute caregiver any individual who was previously a certified type B child care provider, but whose type B certificate was revoked due to improper or fraudulent child care practices.

Over>

6. Landline Telephone

A. An applicant for type B child care certification shall have a residential, land line telephone service in the applicant's permanent residence prior to being certified by FCDJFS as a type B child care provider.

B. A certified type B child care provider must maintain residential, land line telephone service in the provider's permanent residence at all times.

C. A cellular telephone does not meet the requirements of OAC 5101:2-14-20(D) or OAC 5101:2-14-58(AA).

7. Fire Inspection

Prior to receiving professional type B child care certification, or upon relocation to a new residence after obtaining professional type B certification, all professional certified type B homes shall pass a fire inspection conducted by an approved local fire inspector.

8. Child Restraint Law

The limited certified type B child care provider shall adhere to the state of Ohio's child restraint law when transporting children in care.

9. Transporting Children

The limited certified type B child care provider shall have a valid driver's license and insurance coverage, if she/he will be providing transportation to children in care.

Step 2

Do Not Return This Paperwork

Hold this paperwork to bring to your Orientation Class, where you will receive directions on "HOW" to complete each form.

Thank you in advance for your cooperation.

Ohio Department of Job and Family Services APPLICATION/INSPECTION FOR LIMITED CERTIFICATION

Parent/Provider Inspected	☐ Age	ncy Inspe	cted (AI)	☐ In-I	Home Aide
Purpose of Inspection: _ Initial Application Annual Comp	oliance (AI only)	Recert	ification	Or	ther (spe	ecify)
SEC	ΓΙΟΝ I- Ident	ifying	Infor	mation		74. S
Caretaker (Parent/Guardian) Info	rmation	T c : 1 (Security N	r		
Name of Caretaker (Parent/Guardian)				umber		2000
Address		Cit	у			Zip Code
Telephone Number (including area code)	(A)	County				
Provider Household Information		0.00 e.7 4 .000 c.011			n: 4	
Name of Provider	Social Security Nur	nber		Date of	Birth	
Address	Address					Zip Code
Telephone Number (including area code)		County	The Control of the Co			
Have you been a resident of Ohio fo	r five years or lo	nger?	Yes		No	
List the people living in your housel	old including ch	ildren,	foster c	hildren, rel	atives	and boarders.
has are people in any any our						
First and Last Name	Social Security Nu	mber		Birth Date	Re	lationship to Applicant
This and Dasi Ivanic					5,000	

	-	W-2				
Provider's relationship to child(ren) in care						
Provider's relationship to caretaker of child(ren)	in care		oven			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2007 2007	((77)				-	- 4-0
If this is a new application, have yo	u ever held a Typ	e B Ho	me or I	n-Home Ai	de Cer	tificate?
☐ Ye	es No		lf yes, v	what county	<i>T</i> :	
Have you ever held a child care cer	hificate/license or	similar	approv	al to care fo	or chil	dren in another state?
			If yes,	what state:		a miss
	D.D. C :					
	ype B Profession: ype B Agency In:		Limite	đ		
	ype B Parent/Pro					
☐ In	-Home Aide Pro	fessiona				
	Home Aide Lim	ited				
Was your certificate (check any that	t apply): Der	nied hdrawn		oked [Termi	nated
		11C+1 G VV 11				11. Ca. 11.

	customary	· (- 111			· .		1 .	customer.)
Autor	In	ıfant	Toddler	Pr	e School	School Ag	e Schoo Sumn	ol Age ner
Weekly Full Time (25 to 50 hours)	\$		\$	\$		S	S	
Weekly Part Time (7 to 24.9 hours)								
Daily Full Time (5 to 12 hours)								
Daily Part Time (less than 5 hours)								
Hourly								
Other (registration, transportation, activity fee, absent days)						No.		ALCO CONTRACTOR OF THE CONTRAC
SECTIO	N II- C	hild Care		t ion (This er and the p	section mus rovider.	t be complet	ed jointly	by the
Please provide i days and hours	of care.	on regardin		en who curre	ntly receive		ve child car	e and the
Name of	Date of	17			and Hours ir	ı Care		
Child	Birth	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1								
8								

SECTION III-

Health And Safety Requirements For Limited Certification

(This section must be completed by an agency representative or jointly by caretaker and provider.)

The caretaker and provider must jointly complete the following health and safety section for the home where child care will be provided. If the home is agency inspected, the agency representative shall also complete this section during the home visit. All requirements must be met before a provider will be issued a certificate by the county department of Job and Family Services (CDJFS). The person completing the report should indicate compliance with check marks in the appropriate boxes and by filling in the appropriate key code for each rule requirement listed on the left hand side of the report. NOTE: If the applicant is requesting an in-home aide certificate, the agency representative must complete this section for the caretaker's home.

	HEALTH	AND SAI	FETY CHECKLIST			
Key Code	I = In Compliance N/V = Compliance Not Verified	O = Out of Compliance $P/V = Previously Verified$ N/A = Not Applicable				
	Compliance Item	Key	Comments			
	-55 Application and Requirements		□ JFS 01642 "Application/Inspection for Type B Limited Certification" and interview with caretaker and provider Date: □ JFS 01329 "Nonconviction Statement" completed for the provider and all adults in the home □ Provider has been given a copy of the current rules: 5101:2-14-01, 11, 40 and 55 □ BCII and FBI criminal records check completed for provider and all adults □ JFS 01634 "Caretaker/Provider Agreement" completed (annually) Date: □ Children and days of care verified □ Record keeping requirements reviewed □ Billing/payment procedures reviewed □ Review of limited certification restrictions □ No more than two children of in-home aide, number of children of aide:			
	4-58 Provider Qualifications onsibilities		☐ Provider is at least 18 years of age Date of birth: ☐ JFS 01280 " Medical Statement For Type B Home and In Home Aide Child Care Providers" completed Date: ☐ Health and Safety training completed Date: ☐ Inspection of home completed Date:			
5101:2-14 Training	I-13 Requirements		☐ Provider currently trained in First Aid Exp date: ☐ Provider currently trained in CPR			
			Exp date:			

Compliance Item	Key	Comments
5101:2-14-58 Provider Qualifications		Maintains daily attendance record, signed by caretaker
and Responsibilities		Children's file are complete
and Acsponsionness		JFS 01297 "Child Enrollment and Health Information" completed for each child – updated annually JFS 01932 "Child Medical" for each child not enrolled in school (within 30 days). Updated every 13 months JFS 01644 "Permission to Administer Medication" All medication administration properly labeled Medications are safely and properly stored JFS 01299 "Incident/Injury Report" available, completed and filed Notification to county in cases of serious injury, unusual incident or death No use of corporal punishment, physical restraint or isolation Recognizes, encourages and praises children Communicates clearly and positively Assists children with problem solving Uses dev. appropriate behavior management practices Consults appropriately with parents Meals and snacks are varied, nutritious and appropriately timed Food is prepared/served/stored in a clean and safe manner Hot and cold running water Water supply is safe and sanitary No smoking in home while children are present No smoking notice posted Immediate access to working telephone on the premises Provider conducts no activities or employment that interferes with child care
5101:2-14-07 Fire Safety Escape Routes: Basement exits Primary: Secondary: First Floor Primary: Secondary: Second Floor Primary: Second Floor Primary: Secondary:		 □ Primary and secondary escape routes □ No space higher than the second floor of building used for child care □ Window openings 5.7 sq. ft, more than 44"-stairs/platform {sq. ft.= length/inches x width/inches, divided by 144} □ No space accessible only by ladder, folding stairs or trapdoor is used □ All stairs, hallways and passages to exit are adequately lighted □ Doorways, corridors, stairways are clear of obstructions □ Written evacuation plan □ Documentation of plan and log of practice drills □ Proper storage of flammable/combustible materials □ One working UL or FM smoke detector on each level of the home □ At least one UL or FM portable fire extinguisher; one in kitchen (minimum rating of 1A:10BC) □ One working UL or FM carbon monoxide detector on each level of the home □ Nonflammable guards on heaters, no unprotected flames □ Electrical connections in properly covered junction boxes □ Childproof covers on electrical outlets □ No exposed light bulbs
5101:2-14-08 Indoor Floor Space		Square footage available for child care:
Indoor Proof Space		 ☐ Thirty-five square feet per child of usable floor space ☐ Placement of furniture and equipment ensures child safety and mobility. ☐ Uninterrupted play space available.

Compliance Item	Key	Comments					
5101:2-14-08 Programming		☐ Balanced program of activities/quiet and active play ☐ Copy of daily program posted					
		Program designed to promote children's physical, socemotional, cognitive and language development Daily outdoor or indoor gross motor activities Opportunities for child initiated activities			ic-		
5101:2-14-08							
Equipment		EQUIPMENT	Inf	Tod	P/S	S/A	
1		Art					
		Blocks					
		Language Arts/Auditory					
		Dramatic Play/Pretend	_				
		Gross Motor/Sports Manipulatives	-				
		Music		-			
		Science/Nature		-			
		Transportation	-				
_		Equipment available in a	II cate	Pories			
		Sufficient quantities of ed					
		Furniture durable and chi					
		Play materials accessible			05 74		
		Equipment accessible to	childre	en, able	to sel	ect, ren	nove,
		replace Individual storage for child's personal items					
		Individual storage for one	itas pe	, some	Items		
5101:2-14-17 Outdoor Play							
Daily outdoor play provided in suitable weather		Equipment					
		Out of traffic pattern Anchored or stable					
Outdoor play area provides at least 60 sq. ft of		All parts in working orde	r				
usable space per child using the area at one time		Ropes attached at both er	nds (<			or less	s)
Outdoor play area protected by a fence in good		"S" hooks closed (.04 or					
repair with functioning gates or a natural barrier		Free of rust, cracks, hole					edges
Children provided with access to drinking water		No protruding bolts or tr				S	The state of the s
and bathroom facilities during play times		No trampolines permitted		1102010			
Shade provided as needed		Protective barriers on pla	tform				
0.11		Assembled/Installed acco	ording	to man	ufactu	ırer's	
Outdoor play area free of rubbish, foreign objects, garbage, hazards		guidelines Sandboxes covered when	not i	1 1156			
Climbing equipment, swings, teeter-totters and			. 1101 11	. 0.50			
slides have a fall zone of protective resilient							
material under and around equipment							
5101:2-14-18		☐ Individual bed, cot, sofa,	nad a	r mat f	or and	a montin	a child
Napping		No children directly on f		I IIIst 1	or eaci	i restin	g ciiila
1.apping		Mats or pads/floor carpe		ean, wa	rm, di	y, drafi	free
		82.50 S	V	35	0	T. S. S	
5101:2-14-18		Children in care between	7:00	pm and	6:00	m	Set
Sleeping and Overnight Care		Individual crib, cot mattr					r each
19		child					
		Safe, sanitary and private					nging
		Provider remains awake					
		Monitoring device to ens					
		comfortable sleeping gar					

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Compliance Item	Key	Comments
5101:2-14-19		Safe
Safe and Sanitary Equipment		Firearms onsite locked and out of sight
and Environment		No broken or unsafe equipment
and Davidonment		No hazardous conditions
		No toys small enough to swallow
		☐ Cleaning supplies and storage/labeling ☐ Pets inoculated and properly cared for
		Electrical outlet covers
		Blind cords, electrical cords secure
		Lawnmowers not used or accessible
		Proper ventilation
		☐ Handles of pots facing inward on stove
		Safe use of equipment
		No environmental hazards
		Hot tubs or spas not used or accessible
		Sanitary
		Toilet tissue, liquid soap, toweling available for
		handwashing
		Toilets flushed after use
		Home and equipment clean and in good repair
5101:2-14-20		Children supervised at all times (within sight or hearing)
Safety and Supervision of Children		Provider not under the influence that impairs ability to
		perform duties
		Outdoor supervision requirements met
		Water play and swimming supervision requirements met
Provider schedules a six hour break each day		
from child care		Tweezers
5101:2-14-29		Digital thermometer
First Aid Supplies and Procedures		Assorted adhesive bandages
		Assorted gauze squares
Supplies Complete		☐ First Aid tape ☐ Rolled gauze bandage
		☐ Instant cold pack or ice
Supplies in an closed, unlocked first aid container		Disposable non-latex gloves
that is readily available, but out of reach of		Pocket mask or face shield for CPR,
children		(appropriate for all ages of children served at the home) Working flashlight
First aid kit taken on field trips and routine trips		Scalable plastic bags
		Tooth preservation system or fresh chilled milk (homes serving
		S/A only)
Basic precautions followed		A current guide to emergency first aid Soap (fieldtrips/routine trips only)
		Bottled water (fieldtrips/routine trips only)
5101:2-14-30		Provider observes children for signs of communicable illness
Management of Communicable		prior to mixing with other children
Disease		Ill children isolated in sight or hearing, but away from other children
Discuss		Communicable Disease Chart posted
		Caretakers notified when child has been exposed to a
		communicable illness
5101:2-14-32		Breakfast Served Lunch/Dinner Served Snack Served
Meal Preparation/Nutritional		Fluid Milk Fluid Milk Two foods
Requirements		Fruit/vegetable Meat/meat alternative. from two food
Meals and snacks are varied, nutritious and		Grain 2 Fruit/Vegetable groups
appropriately timed		Grain/Bread
Children are fed required meals		
Food is prepared, served and stored in a clean and		
safe manner		
Current weekly menu is posted		

Compliance Item	Key	Comments
Hot and cold running water available		
		Temp of hot water
Water supply is safe and sanitary,	14,000	Temp of not water
date last tested:		Temp of refrigerator
5101:2-14-21		
Transportation and Field Trip Safety		Written permission for routine trips or field trips
		☐ JFS 01297 "Child Enrollment/Health Information" taken
		for every child
		JFS 01928 "Medical/Physical Care Plan" taken for
		children who may require care First aid supplies
		Working cell phone or other means of immediate
-		communication
		Provider has valid driver's license and verified insurance
		coverage Approved child restraint systems used
le l		No children under 12 years old in the front seat
		No smoking in vehicle when occupied by children
		3
Permission forms complete		Child's name
		Destination (and date for field trips)
		Caretaker's signature and date
	=	Notification if children will have access to bodies of water
8		2 ft or more in depth
5101:2-14-37	-	Onsite swimming pools inaccessible to children by fence
Swimming and Water Safety		or barrier
		Saunas, hot tubs, spas inaccessible to children and not used by children
		Swimming permitted in water 2 ft in depth or less
		Wading pools filtered or emptied and sanitized daily
		Provider supervises at all time with a clear view of all
		parts of pool and surrounding areas where children are
		playing Approved off-site swim sites meet all state/local
		guidelines for health
		Activities in water 2 ft or more in depth supervised by
		lifeguard or WSI No swimming activities in lakes, rivers, ponds, creeks or
		similar bodies
		☐ Written permission from caretaker before swimming or
		infants/toddlers in wading pools
Permission forms complete		Child's name and date of birth
		Statement indicating if child is swimmer or non-swimmer
		Location of off site swimming
		Statement granting permission for child to participate
5101:2-14-27		☐ JFS 01928 "Medical/Physical Care Plan" on file for
Care of Children with Special Needs or		children w/special needs or health conditions
Health Conditions		Plan updated at least annually and as needed
à .		Provider has received training as needed

Compliance Item	Key	Comments
5101:2-14-34 Infant Care Infants allowed to safely and comfortably sit, crawl, toddle, walk and play Designated play area which does not allow infants to go underneath cribs		Storage/Preparation Bottles labeled with name and date of preparation Refrigerated upon arrival (unless commercially prepared) Formula and food labeled w/name and when prepared, discarded according to manufacturer's instructions, sent home daily
Caretakers provided with written daily report which includes: food intake, sleep, diaper changes and daily activities Infants removed from crib for feeding, infants held or fed sitting up, no bottles propped Caretakers provide written feeding instructions		Formula/food expiration dates verified Breast milk: labeled w/date expressed and date of receipt. Stored appropriately. Storage Temperature (at or below) Room temp (78F) Refrigerator (39F) Freezer w/in refrigerator (5F) Freezer/refrigerator w/separate door (0)F Storage Time 6-8 hrs 6 days (expressed) Freezer/refrigerator w/separate door (0)F 3-6 months
Formula/breast milk prepared/stored and handled appropriately		Deep freeze (-4F) 6-12 months Formula/breast milk heated properly-no microwaves Formula prepared according to manufacturer's instructions or MD/CNP Formula preparation safe and sanitary Microwaves used properly for foods
5101:2-14-35 Diaper Care		☐ Wash all soiled areas of child ☐ Hands washed with liquid soap/running water/15 sec. after each diaper change
Diapers checked every two hours Children not left unattended on changing table		☐ Disposable separation material ☐ Diaper changing surface cleaned if visibly soiled ☐ Surface sanitized after each diaper changed ☐ Soiled clothing bagged and sent home
Toilet training is based on child's readiness, is in consultation with caretaker and is never forced		□ Covered, plastic lined, receptacle that prevents hand contamination and is not accessible to children □ Wipes/washcloths discarded, or proper sanitized and laundered □ Diapers are changed away from meal preparation and serving areas □ Child not left unattended on changing table
5101:2-14-36		Child the last difficulties on shanging their
Crib and Playpen Requirements		# Porta Cribs # Full Size # Playpen
Each infant has a separate crib		☐ Full size crib- dimensions (52"L x 28"W x 26"H) ☐ Closely spaced bars (2 3/8") ☐ No more than 1 ½ inches between mattress and sides
Infants placed on backs to sleep, unless written authorization is on file from physician (JFS 01930)		Firm mattress at least 1 ½ inches thick, playpen no more than 1" thick Safe, waterproof mattress cover that can be sanitized
Infants sleep only in cribs or playpens		Properly fitting sheets Bumper pads not in use Items not hung over the side of the crib or playpen
Written permission of file for 16 mo + infant to sleep on cot		☐ Cribs/playpens sanitized between children ☐ Infants not placed in crib with bibs or other strangulation or suffocation hazards ☐ Cribs or playpens not used for storage of toys or other materials
Additional Comments:		

JFS 01642 (Rev. 8/2008)

SECTION IV- Pr	ovider's Assurances for Li	mited C	ertification	n		
I understand that the county staff will inform me about payment rates, schedules and billing /invoice requirements.						
I understand that it is my responsibility to maintain compliance with the rules governing certification of a Type B Family Child Care Limited Certified Home or Limited In-Home Aide.						
I verify that my home meets the minimum health and safety requirements as specified in the rules and on this form. I agree that all information given is true and correct. I understand that falsification of any information my result in denial or revocation of my certificate.						
I understand that being approved as a provider of child care services, I am liable for the safety and health of all children in my care.						
I understand I must submit a new application form after voluntary withdrawal from certification and when seeking certification after denial or revocation of a certificate.						
My fingerprints have been submitted electronically to the Bureau of Criminal Identification and Investigation (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation (FBI) criminal records check.						
I have submitted information necessary for the PCSA to conduct an abuse or neglect registry search for myself and all other adult residents in my home.						
I verify that I am physically, i of the Ohio Administrative Co	ntellectually, and emotionally cap ode and performing activities nor	pable of comally relat	omplying wit ted to child c	h Chapter 5101:2-14 are.		
of Provider	100		Date			
		1221-				
Please read each st	atement, check each box to indica	ate agreem	ent and sign	•		
I understand that I am respons	ible for placing my child with this	s provider.				
I have inspected this provider as specified in the rules and the	's home and verify that it meets this form.	he minim	ım health an	d safety requirements		
e of Parent			Date	107/5HAL		
A This provider is agency inspected (AI)	Signature of Worker Completing	Inspection				
CENTER LIGE ONLY						
	Date Completed Form Received	Date of O	ffice Visit	Date of Home Visit		
I Records Check Submitted	Date FBI Records Check Submitted		Date PCSA Ro	eport Requested		
II Records Check Results Verified	Date FBI Records Check Results Verified Date PCSA Results Received					
	Please read each star I understand that the county strequirements. I understand that it is my responsive B Family Child Care Ling I verify that my home meets the this form. I agree that all information my result in denian I understand that being approved all children in my care. I understand I must submit a magnetication after denian My fingerprints have been substituted information (BCII) for processory check. I have submitted information myself and all other adult resist I verify that I am physically, it of the Ohio Administrative Company of the Ohio Administrative	Please read each statement, check each box to indicate I understand that the county staff will inform me about payment requirements. I understand that it is my responsibility to maintain compliance Type B Family Child Care Limited Certified Home or Limited I verify that my home meets the minimum health and safety requision that it is great this form. I agree that all information given is true and correct. Information my result in denial or revocation of my certificate. I understand that being approved as a provider of child care serof all children in my care. I understand I must submit a new application form after volunts seeking certification after denial or revocation of a certificate. My fingerprints have been submitted electronically to the Bure Investigation (BCII) for processing for an Ohio BCII and a Fed records check. I have submitted information necessary for the PCSA to condumyself and all other adult residents in my home. I verify that I am physically, intellectually, and emotionally care of the Ohio Administrative Code and performing activities nones of Provider SECTION V- Parent's Assurances for Lipitance and that I am responsible for placing my child with this I have inspected this provider's home and verify that it meets that as specified in the rules and this form. I this provider is agency inspected (AI) Signature of Worker Completing agency inspected (AI) Date Completed Form Received I Records Check Submitted Date FBI Records Check Submitted	Please read each statement, check each box to indicate agreemed I understand that the county staff will inform me about payment rates, sch requirements. I understand that it is my responsibility to maintain compliance with the mode of the property of th	I understand that it is my responsibility to maintain compliance with the rules governing Type B Family Child Care Limited Certified Home or Limited In-Home Aide. I verify that my home meets the minimum health and safety requirements as specified this form. I agree that all information given is true and correct. I understand that falsi information my result in denial or revocation of my certificate. I understand that being approved as a provider of child care services, I am liable for the fall children in my care. I understand I must submit a new application form after voluntary withdrawal from consecking certification after denial or revocation of a certificate. My fingerprints have been submitted electronically to the Bureau of Criminal Identification (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation (BCII) for processing for an Ohio BCII and a Federal Bureau of Investigation myself and all other adult residents in my home. I verify that I am physically, intellectually, and emotionally capable of complying with of the Ohio Administrative Code and performing activities normally related to child conference of Provider. SECTION V- Parent's Assurances for Limited Certification Please read each statement, check each box to indicate agreement and sign I understand that I am responsible for placing my child with this provider. I have inspected this provider's home and verify that it meets the minimum health an as specified in the rules and this form. This provider is agency inspected (AI) Signature of Worker Completing Inspection GENCY USE ONLY: Representative Date Completed Form Received Date of Office Visit Date PCSA Received Check Submitted Date PCSA Received Check Submitted		

This form meets the requirements of Chapter 5101:2-14 of the Administrative Code.

Child Care Home Safety Acknowledgment & Provider Inquiry

In order to be qualified to receive reimbursement for child care services under the Child Care Limited Certified provider program, I understand that my home must meet the minimum safety requirements by having the following:

- A smoke detector installed and in working order on each level of my home (basement included)
- An approved fire extinguisher in working order located in my kitchen
- · Safety caps placed in all exposed electrical outlets
- Assorted first aid supplies which may include: adhesive tape, gauze squares, band aids, tweezers, 1/3 cup of powdered milk (for dental first aid), and a first aid guide.

(Parent S	Signature)		(Provider Signature)			
What is the pro	vider's relationship to	the parent or child	d?			
List EVERYO	NE who lives in the pr	rovider's home, in	cluding yourself.			
Name	DOB	SSN	Relationship to Provider			
		Line in the contract				
- det	447					
Are you (provi	der) employed or in a name of work/school/t	school/training pr raining)?	ogram outside the home? Y/N			
If ves. where (:		1				

As the provider, you are responsible for maintaining compliance with the laws and rules under the Limited Type B Certification program. Falsifying any information within this packet may result in the denial or revocation of your certification.

Ave. Columbus, Ohio 43201.

immediately call 233-2501 to have more mailed or you may pick them up at our location at the North Community Opportunity Center, Child Care Certification Unit, 345 E. 5th

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordace with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information (please print)

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider	Maiden Na	me, Previo	ous	Date of Birth	
(Last name, First name, Middle name or Initial)	Name or alias	(if applicable	e)		
					1
1000					
Home Address of Provider	City	State	Zip Code	Social Security Num	ber*
Provider Vendor#	Drovidor 7	Suna D. I.	imited or Du	of a signal 2	
Provider vendor#	Provider	уре Б - С	imited or Pr	oressional?	- 1
Signature of the Provider				Date of Signature	
longitation of the Frovider				Date of Oignature	
Full Name of Emergency Caregiver	Maiden Na	me, Previo	ous	Date of Birth	
	Name or Alia	s (if applicab	le)		
N/A		N/A		N/A	
Home Address of Emergency Caregiver				Social Security Numb	er*
					4
N/A				N/A	
Signature of Emergency Caregiver				Date of Signature	
N/A				N/A	
Full Name of Other Household Adult	Maiden Na	me Previo	ous	Date of Birth	
	Name or Alia			20.00.2	
		, ,,	· .		
N/A	Virginia de la companya della companya della companya de la companya de la companya della compan	N/A	70/10-2007	N/A	
Home Address of Other Household Adult			TO SALESIA CONTRACTOR OF THE SALESIA CONTRAC	Social Security Numb	er*
N/A				N/A	
Signature of the Other Household Adult				Date of Signature	
NIA				N/A	
N/A Full Name of ALL Children: Biological and St	on Children	Living or	Docogod: V	N/A	with you
Full Name of ALL Children. Biological and St	Date of		ocial	Signature	Date of
Full Name	Birth		y Number*	(if applicable)	Signature
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Request for Child Abuse and Neglect Report Information

IDENTIFICATION FROM TH	E CDJFS REQUESTING INFOR	MATION (please print)
Name of County Staff Donna Fahy, WPS	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff Donna Fahy, WPS		Telephone Number (614) 233-2501
Address of County Staff (form will b 345 East 5th Ave. Columbus, Oh 43201	e returned to this address)	E-mail Address wdmffb@fcdjfs.franklincountyohio.gov
INFORMATION FROM PCS	A REVIEWER (please print)	
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff	and the second s	Telephone Number
List of documents attached**		Date Sent to County Staff

^{*}The social security number will be used only for purposes of administering the state's publicly funded child care program.

The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social security number. The verification must be kept in the case file, do not attach social security number verification information with this form.

^{**}Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Ohio Department of Job and Family Services STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

(A)(9) of section 109.572 of	or division (A)(1	victed of or pleaded guilty to crin) of 5104.09 of the Revised Cod 51.353 of the Revised Code.		
Signature of Person Completing Form	d in section 21	51.333 of the Nevised Code.	Date	
Street Address				- 49
	,		and the second s	1100
City	State	Zip Code	elephone Number	
I am unable to sign the section 2151.353 of the R		e because I have had a child re	moved from my home a	as described in
		e because I have been convicted A)(1) of 5104.09 of the Revised (divisions (A)(8)
I have reviewed the rehal determined that person n that the requirements for	amed above m	ements of rule 5101:2-14-11 of the eets the rehabilitation requirement we been met.	e Administrative Code, a ts. The attached docum	and have nents verify
CDJFS Worker Signature			Date	
Note: Anyone who withholds information fro	om, or falsifies infor	mation on this statement is quilty of falsif	cation, a misdemeanor of the	first degree. If the
license application or child care certification. who resides in a type A or type B home or is commission of the offense, the conviction of certification. Note: effective June 1, 2008 WebCheck or other approve	an emergency or sonstitutes grounds f	substitute caregiver, and if the owner or li	censee had knowledge of, and a child care license application ed electronically through	d acquiesced in the n or child care
The county child care worker for that fingerprints have been elect Investigation (BCII), or mailed if a A criminal records check for the about Ohio BCII records check	ronically subm electronic prod ove named indi	nitted to the Ohio Bureau of Cri cessing exemption criteria are	minal Identification an net.	d
Signature of CDJFS worker			Date	
The certified provider of a type B home and who is under eighteen ye offense listed in divisions (A)(8) or signature	ears of age has	been adjudicated a delinquent of	hild for committing a viol	lation of any
▼ TO BE SIGNED BY THE COUN	NTY CHILD CA	RE WORKER	A SALES AND	1000
I have reviewed the results of this p	erson's crimina FBI records che	al records check on the following eck. Section 109.572 (A) of the	Revised Code requires t	
Signature of CDJFS worker			Date	-46

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

Services R.C. 2903.10 - Aggregated murder R.C. 2903.11 - Februlous assout R.C. 2903.13 - Septility to a state of the communication and the communication a		
IR. C. 2903.01 - Aggravated murder R. C. 2903.03 - Voluntary manishaptitor R. C. 2903.04 - Voluntary manishaptitor R. C. 2903.05 - Formitting critic description of the communication o	Homicide	R.C. 2913.33 - Making or using slugs
R.C. 2933.02 - Murdary manslaughter R.C. 2933.03 - Voluntary manslaughter R.C. 2933.04 - Involuntary manslaughter R.C. 2933.04 - Involuntary manslaughter R.C. 2933.04 - Selunious asseutt R.C. 2933.17 - Agoinates asseutt R.C. 2933.18 - Agoinates asseutt R.C. 2933.18 - Seluning to provide for a functionally impaired person Received Rece		R.C. 2913.05 - Telecommunications fraud
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R.C. 293.34 - Involuntary manishaptive (R.C. 293.34 - Involuntary manishaptive (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functionally impaired person (R.C. 293.35 - Saling to provide for a functional person (R.C. 293.35 - Saling to provide for a functional person (R.C. 293.35 - Saling to provide for a functional person (R.C. 293.35 - Reportational R.C. 293.35 - Reportati	R.C. 2903.03 - Voluntary manslaughter	R.C. 2913.11 - Passing bad checks
Assault R.C. 2903 11. Felicinious assault R.C. 2903 11. Aggraveda desault R.C. 2903 12. Aggraveda desault R.C. 2903 13. Assault R.C. 2903 16. Felling to provide for a functionally impaired person R.C. 2903 16. Felling to provide for a functionally impaired person R.C. 2903 16. Felling to provide for a functionally impaired person R.C. 2903 17. Aggraved mensuing R.C. 2903 17. Aggraved mensuing R.C. 2903 22. Melacing R.C. 2903 23. Melacing R.C. 2903 24. Pelementatives, neglect Kinchapping and related issues R.C. 2905 26. Addiction R.C. 2905 27. Addiction R.C. 2905 28. Addiction R.C. 2905 29. Addiction R.C. 2905 29. Addiction R.C. 2905 29. Comman child entoement Sex offeness R.C. 2907 39. Comman child entoement Sex offeness R.C. 2907 39. Serval imposition R.C. 2907 39. Politic indicators R.C. 2907 39. Politic indicators R.C. 2907 39. Protecting prostitution R.C. 2907 39. Protecting R.C. 2907 39. Protecting R.C. 2907 39. Protecting R.C. 2907 39. Protecting protection in undivorsement material R.C. 2909 39. Aggraved at arson R.C. 2909 39. Ag	R.C. 2903.04 - Involuntary manslaughter	
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R.C. 2903.14 - Menacing by stalking R.C. 2903.21 - Menacing by stalking R.C. 2903.21 - Menacing by stalking R.C. 2903.34 - Petient abuse and neglect R.C. 2903.34 - Petient abuse and neglect R.C. 2905.05 - Abduction R.C. 2905.05 - Criminal child enticement R.C. 2905.05 - Criminal child enticement R.C. 2905.05 - Criminal child enticement R.C. 2907.03 - Sexual battery R.C. 2907.04 - Corruption of a minor R.C. 2907.05 - Sexual imposition R.C. 2907.05 - Sexual imposition R.C. 2907.06 - Sexual imposition R.C. 2907.07 - Importuning R.C. 2907.08 - Sexual imposition R.C. 2907.09 - Proficing prostitution R.C. 2907.09 - Proficing prostitution R.C. 2907.09 - Proficing prostitution R.C. 2907.09 - Promoting prostitution	R.C. 2903.16 - Failing to provide for a functionally impaired person	R.C. 2913.42 - Tampering with records
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Kidnapping and related issues R.C. 2905 10 Kidnapping R.C. 2905 02 Abduction R.C. 2905 05 Criminal child enticement R.C. 2905 05 Criminal child enticement R.C. 2907 08 Child stealing (as this law existed prior to July 1, 1996) R.C. 2907 09 Composition (as this former section of Legor 10 Formation (as this former section of Legor 29 Protonting R.C. 2907 09 Voyeursm R.C. 2907 12 Fedonicus sexual penetration (as this former section of Legor 29 Protonting R.C. 2907 22 Promoting R.C. 2907 23 Protonting R.C. 2907 25 Prostitution R.C. 2907 25 Prostitution R.C. 2907 27 Prodoring sexually oriented material or performance R.C. 2907 32 Pendering obscenity involving a minor R.C. 2907 32 Pendering ob	Patient abuse and neglect	
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R.C. 2907 04 - Corruption of a minor R.C. 2907 05 - Gross sexual imposition R.C. 2907 08 - Possual imposition R.C. 2907 08 - Possual imposition R.C. 2907 08 - Possual imposition R.C. 2907 09 - Public indecency R.C. 2907 09 - Public indecency R.C. 2907 12 - Felonious sexual penetration (as this former section of law axisted) R.C. 2907 122 - Promoting prostitution R.C. 2907 222 - Promoting prostitution R.C. 2907 223 - Procuring R.C. 2907 31 - Disseminating matter hamful to juveniles R.C. 2907 321 - Pandering obscenity R.C. 2907 321 - Pandering obscenity involving a minor R.C. 2907 322 - Pandering obscenity involving a minor R.C. 2907 321 - Pandering obscenity involving a minor R.C. 2907 323 - Rilegal use of a minor in nudty-oriented matterial or performance R.C. 2909 32 - Making terroristic threat R.C. 2909 33 - Making terroristic threat R.C. 2909 34 - Terrorism R.C. 2909 35 - Making terroristic threat R.C. 2909 35 - Making terroristic threat R.C. 2909 35 - Making terroristic threat R.C. 2909 36 - Vandalism R.C. 2911 101 - Aggravated robbery R.C. 2911 102 - Robbery R.C. 2911 103 - Aggravated thet R.C. 2913 02 - Theft; aggravated thet R.C. 2913 02 - Theft; aggravated thet R.C. 2913 03 - Unauthorized use of property, computer, cable, or telecommunication property or service R.C. 2913 04 - Distribution to find the influence of alcohol or drugs — OVI. (A second violation within five year the date of application for licensure or employment.)	D.C. 2007.03 - Sexual hattery	R.C. 2919.25 - Domestic violence
R.C. 2907.05 - Gross sexual imposition R.C. 2907.07 - Importuning R.C. 2907.08 - Voyeurism R.C. 2907.09 - Public indecency R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed) R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed) R.C. 2907.21 - Compelling prostitution R.C. 2907.22 - Promoting prostitution R.C. 2907.32 - Prostitution matter harmful to juveniles R.C. 2907.32 - Prostitution or performance R.C. 2909.22 - Soliciting or providing support for act of terrorism R.C. 2909.22 - Soliciting or providing support for act of terrorism R.C. 2909.23 - Making terrorists threat R.C. 2909.24 - Terrorism R.C. 2909.25 - Soliciting or providing support for act of terrorism R.C. 2909.26 - Terrorism R.C. 2911.11 - Aggravated burglary R.C. 2911.11 - Aggravated burglary R.C. 2911.11 - Aggravated burglary R.C. 2911.12 - Burglary R.C. 2911.13 - Burglary R.C. 2913.04 - Unauthorized use of a vehicle R.C. 2923.02 - Attempt R.C. 293.04 - Integral public services R.C. 293.05 - Attempt R.C. 293.06 - Integration for including or employment, including a minor R.C. 2909.07 - Aggravated high respective for the providing support for act of terrorism R.C. 2909.29 - Soliciting or providing support for act of terrorism R.C. 2909.20 - Authorized use of a vehicle R.C. 2911.11 - Aggravated burglary R.C. 2911.11 - Aggravated burglary R.C. 2911.11 - Aggravated burglary R.C. 2911.11 - Aggravated thet R.C. 2913.04 - Unauthorized use of a vehicle R.C. 2913.04 - Integral public services R.C. 2923.05 - Integral public services R.C. 2923.06 - Integral pu	D C 2907.04 - Corruption of a minor	
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R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed) R.C. 2907.21 - Compelling prostitution R.C. 2907.22 - Promoting prostitution R.C. 2907.23 - Promoting prostitution R.C. 2907.32 - Promoting prostitution R.C. 2907.32 - Promoting prostitution R.C. 2907.32 - Prostitution R.C. 2907.32 - Pandering obscenity R.C. 2907.32 - Pandering obscenity involving a minor R.C. 2907.32 - Pandering sexually oriented matter involving a minor R.C. 2907.32 - Plandering sexually oriented matter involving a minor R.C. 2907.32 - Bandering sexually oriented matter involving a minor R.C. 2907.32 - Soliciting or providing support for act of terrorism R.C. 2909.22 - Soliciting or providing support for act of terrorism R.C. 2909.23 - Making terroristic threat R.C. 2909.24 - Terrorism R.C. 2909.25 - Making terroristic threat R.C. 2911.01 - Aggravated burglary R.C. 2911.10 - Aggravated fobbery R.C. 2911.11 - Aggravated burglary R.C. 2911.12 - Burglary Theft and Fraud R.C. 2913.02 - Theft; aggravated theft R.C. 2913.03 - Unauthorized use of property, computer, cable, or telecommunication property or service R.C. 2923.02 - Attempt R.C. 2923.02 - Attempt R.C. 2923.02 - Attempt R.C. 2933.03 - Making terroristic threat R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service R.C. 2913.04 - Unauthorized use of property, computer, cable, or device R.C. 2923.02 - Attempt R.C. 2923.02 - Attempt R.C. 2923.02 - Attempt R.C. 2923.03 - Adam the atter involving a minor and reproperties a minor in undity-oriented matter involving a minor and reproperties a minor in undity-oriented matter involving a minor and reproperties a minor in undity-oriented matter involving a minor and reproperties and re	R C 2907 09 - Public indecency	R.C. 2923.13 - Having a weapon write under disability
of law existed) R.C. 2907.21 - Compelling prostitution R.C. 2907.22 - Promoting prostitution R.C. 2907.23 - Procuring R.C. 2907.25 - Prostitution R.C. 2907.32 - Prostitution R.C. 2907.32 - Prostitution R.C. 2907.32 - Pandering obscenity R.C. 2907.32 - Pandering obscenity involving a minor R.C. 2907.322 - Pandering sexually oriented matter involving a minor R.C. 2907.323 - Blegal use of a minor in nudity-oriented material or performance Arson R.C. 2909.23 - Aggravated arson R.C. 2909.23 - Soliciting or providing support for act of terrorism R.C. 2909.24 - Terrorism R.C. 2909.24 - Terrorism R.C. 2911.02 - Robbery R.C. 2911.11 - Aggravated burglary R.C. 2911.12 - Burglary Theft and Fraud R.C. 2913.04 - Unauthorized use of a vehicle R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service R.C. 2913.04 - Interpt R.C. 2913.04 - Interpt R.C. 2913.05 - Funding another with drugs R.C. 2925.05 - Funding of drug or marijuana trafficking in drugs R.C. 2925.05 - Funding of drug or marijuana trafficking in drugs R.C. 2925.05 - Funding of drug or marijuana trafficking in drugs R.C. 2911. Possession of drugs or cultivation of marijuan crafficking in drugs R.C. 2925.05 - Funding of drug or marijuana trafficking in drugs R.C. 2911. Possession of drugs or cultivation of marijuan crafficking in drugs R.C. 2925.05 - Funding of drug or marijuana trafficking in drugs R.C. 2909.25 - Adding an authoritism of drugs or cultivation of marijuan crafticking in drugs R.C. 2909.05 - Vallegal administration or distribution or anabolic steroic drug possession of drugs or cultivation or fung possession of drugs or cultivation or fung for drug or marijuana trafficking in drugs R.C. 2909.05 - Vallegal administration or drugs or drugs or marijuana trafficking in drugs R.C. 2909.05 - Vallegal administration or distribution or drugs or dr	P.C. 2907 12 - Felonious sexual penetration (as this former section	
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R.C. 2923.02 - Attempt R.C. 2913.041 - Possession or sale of unauthorized cable television device R.C. 2913.041 - Possession or sale of unauthorized cable television device R.C. 2927.12 - Ethnic intimidation R.C. 2927.12 - Ethnic intimidation R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs — OVI. (A second violation within five year the date of application for licensure or employment.)	telecommunication property or service	R C 2921.35 - Aiding escape or resistance to authority
R.C. 2913.041 - Possession or sale of unauthorized cable television R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs — OVI. (A second violation within five year the date of application for licensure or employment.)		R C 2927 12 - Ethnic intimidation
device drugs — OVI. (A second violation within five year the date of application for licensure or employment.)	D.C. 2023-04 - Attempts D.C. 2024-04 - Attemp	R.C. 4511 19 - Operating vehicle under the influence of alcohol or
the date of application for licensure or employment.)		drugs - OVI. (A second violation within five years
	dovice	the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordace with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information (please print)

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CD IES to determine if you can provide safe and healthy care for children

by the CDSI S to determine it you can provide sale and				
Full Name of Child Care Provider *	Maiden Na	me, Previous	Date of Birth	
(Last name, First name, Middle name orInitial)	Name or alias	(if applicable)		
Home Address of Provider	City	State 7:n Carl	Capial Cassaits Norm	- l*
Home Address of Provider	City	State Zip Cod	le Social Security Num	iber"
Provider Vendor#	Provider T	ype B - Limited or	Professional?	
		7F		
Signature of the Provider			Date of Signature	
1 - 1867 				
	122			
Full Name of Emergency Caregiver	Service and the service of the servi	me, Previous	Date of Birth	
	Name or Alias	s (if applicable)		
N/A		N/A	N/A	
Home Address of Emergency Caregiver		1075	Social Security Numb	er*
				-7.0
N/A		¥	N/A	
Signature of Emergency Caregiver			Date of Signature	
N/A Full Name of Other Household Adult	Maidan Na	ma Draviava	N/A Date of Birth	
Name of Other Household Adult	Lancing Committee Committe	me, Previous s (if applicable)	Date of Birth	
8	INAITIE UI Allas	s (II applicable)		
Home Address of Other Household Adult	City	State Zip Cod	le Social Security Nun	nber*
Signature of the Other Household Adult			Date of Signature	
Full Name of ALL Children: Biological and St	en Children:	Living or Deceased	· Whether or not they live	with you
- STATES OF THE OFFICE OF STORY OF STORY	Date of	Social	Signature	Date of
Full Name	Birth	Security Number		Signature
		12		
		I .	1	1

Request for Child Abuse and Neglect Report Information

CDJFS REQUESTING INFOR	MATION (please print)	
County Agency Name Franklin County Job and Family Services	Date Sent to PCSA	
	Telephone Number (614) 233-2501	
e returned to this address)	E-mail Address wdmffb@fcdjfs.franklincountyohio.gov	
REVIEWER (please print)		
County Agency Name	Date Received	
Signature of PCSA Staff		
	Date Sent to County Staff	
	Franklin County Job and Family Services e returned to this address) A REVIEWER (please print)	

^{*}The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social securtly number. The verification must be kept in the case file, do not attach social security number verification information with this form.

^{**}Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Ohio Department of Job and Family Services

STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

Traine (please print or type)	100	440000000000000000000000000000000000000		A AMERICAN CONTRACTOR
A)(9) of section 109.572 or division my home as described in s	sion (A)(1) o	f 5104.09 of the Revised Code		
Signature of Person Completing Form			D	ate
Street Address				(40)11
City	State	Zip Code Te	elephone	Number
I am unable to sign the statem section 2151.353 of the Revised		pecause I have had a child ren	noved fr	om my home as described in
I am unable to sign the statement or (A)(9) of section 109.572 or of				ne included in divisions (A)(8)
I have reviewed the rehabilitation determined that person named that the requirements for rehabilitation	above mee	ts the rehabilitation requirement		
CDJFS Worker Signature			Da	te
Note: effective June 1, 2008 all ci WebCheck or other approved med The county child care worker for the ty that fingerprints have been electronical Investigation (BCII), or mailed if electronical A criminal records check for the above na	pe B home ally submitt onic proces	e information can be found at: very cor in-home aide is required to the Ohio Bureau of Crinesing exemption criteria are mulual was requested on (date)	to sign a	and date below verifying entification and
Ohio BCII records check Fe Signature of CDJFS worker	deral Burea	u of Investigation (FBI) records	check	(please check) Date
Signature of CDSPS worker				- Date
The certified provider of a type B home me home and who is under eighteen years of offense listed in divisions (A)(8) or (A)(9)	fage has be	een adjudicated a delinquent ch	ild for co	ommitting a violation of any the Revised Code.
Signature				Date
				Date
▼ TO BE SIGNED BY THE COUNTY C	HILD CARE	WORKER		Date
I have reviewed the results of this person	's criminal r	ecords check on the following of Section 109.572 (A) of the R	evised	Ohio BCII Code requires the results of

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Prohibited Offenses

· · · · · · · · · · · · · · · · · · ·	
Homicide	D 0 2042 22 111
	R.C. 2913.33 - Making or using slugs
R.C. 2903.01 - Aggravated murder	R.C. 2913.05 - Telecommunications fraud
R.C. 2903 02 - Murder	R.C. 2913.06 - Unlawful use of telecommunications
R.C. 2903.03 - Voluntary manslaughter	R.C. 2913.11 - Passing bad checks
R.C. 2903.04 - Involuntary manslaughter	R.C. 2913.21 - Misuse of credit cards
Assault	R.C. 2913.31 - Forgery; identification card
R.C. 2903.11 - Felonious assault	R.C. 2913.32 - Criminal simulation
R.C. 2903.12 - Aggravated assault	
R.C. 2903.13 - Assault	R.C. 2913.40 - Medicaid fraud
R.C. 2903,16 - Failing to provide for a functionally impaired person	R.C. 2913.41 - Prima facie evidence of purpose to defraud
Menacing	R.C. 2913.42 - Tampering with records
R.C. 2903.15 - Permitting child abuse	R.C. 2913.43 - Securing writings by deception
	R.C. 2913.44 - Personating an officer
R.C. 2903.21 - Aggravated menacing	R.C. 2913.441- Law Enforcement emblem display
R.C. 2903,211- Menacing by stalking	R.C. 2913.45 - Defrauding creditors
R.C. 2903.22 - Menacing	R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
Patient abuse and neglect	R.C. 2913.47 - Insurance fraud
R.C. 2903.34 - Patient abuse, neglect	
Kidnapping and related issues	R.C. 2913.48 - Worker's compensation fraud
R.C. 2905.01 - Kidnapping	R.C. 2913.49 - Identity fraud
R.C. 2905.02 - Abduction	Offenses against the family
R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)	R.C. 2919.12 - Unlawful abortion
R.C. 2905.05 - Criminal child enticement	R.C. 2919.22 - Endangering children
Sex offenses	R.C. 2919.23 - Interference with custody
R.C. 2907.02 - Rape	R.C. 2919.24 - Contributing to unruliness or delinquency of a child
	R C. 2919.25 - Domestic violence
R.C. 2907.03 - Sexual battery	
R.C. 2907.04 - Corruption of a minor	Offenses against justice and public administration
R.C. 2907.05 - Gross sexual imposition	R.C. 2921.11 - Perjury
R.C. 2907.06 - Sexual imposition	R.C. 2921.13 - Falsification
R.C. 2907,07 - Importuning	Weapons control
R.C. 2907.08 - Voyeurism	R.C. 2923.12 - Carrying a concealed weapon
R.C. 2907.09 - Public indecency	R.C. 2923.13 - Having a weapon while under disability
R.C. 2907.12 - Felonious sexual penetration (as this former section	R.C. 2923.161 - Improperly discharging a firearm at or into a habitation
	or school
of law existed)	R.C. 2923.01 - Conspiracy
R.C. 2907.21 - Compelling prostitution	
R.C. 2907.22 - Promoting prostitution	R.C. 2923.02 - Attempt, that relates to a crime specified in division
R.C. 2907.23 - Procuring	109.572 (A) (9)
R.C. 2907.25 - Prostitution	R.C. 2923.03 - Complicity, that relates to a crime specified in division
R.C. 2907.31 - Disseminating matter harmful to juveniles	109.572 (A) (9)
R.C. 2907.32 - Pandering obscenity	Drug offenses
R.C. 2907.321 - Pandering obscenity involving a minor	R.C. 2925.02 - Corrupting another with drugs
	R.C. 2925.03 - Trafficking in drugs
R.C. 2907.322 - Pandering sexually oriented matter involving a minor	R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
R.C. 2907,323 - Illegal use of a minor in nudity-oriented material	R.C. 2925.05 - Funding of drug or marijuana trafficking
or performance	
Arson	R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
R.C. 2909.02 - Aggravated arson	R.C. 2925.11- Possession of drugs or marijuana that is not a minor
R.C. 2909.22 - Soliciting or providing support for act of terrorism	drug possession offense in section R.C. 2925.01
R.C. 2909.23 - Making terroristic threat	Other
R.C. 2909.24 - Terrorism	R.C. 959.13 - Cruelty to animals
R.C. 2909.03 - Arson	R.C. 2905.11 - Extortion
Robbery and Burglary	R.C. 3716.11 - Placing harmful objects in food or confection
R.C. 2911.01 - Aggravated robbery	R.C. 2909.04 - Disrupting public services
R.C. 2911.02 - Robbery	R.C. 2909 05 - Vandalism
R.C. 2911.11 - Aggravated burglary	
R.C. 2911.11 - Aggravated burgiany	R.C. 2917.01 - Inciting to violence
	R.C. 2917.02 - Aggravated riot
Theft and Fraud	R.C. 2917.03 - Riot
R.C. 2913.02 - Theft; aggravated theft	R.C. 2917.31 - Inducing panic
R.C. 2913.03 - Unauthorized use of a vehicle	R.C. 2921.03 - Intimidation
R.C. 2913.04 - Unauthorized use of property, computer, cable, or	R.C. 2921.34 - Escape
telecommunication property or service	R.C. 2921.35 - Aiding escape or resistance to authority
R.C. 2923.02 - Attempt	
R.C. 2913.041 - Possession or sale of unauthorized cable television	R.C. 2927.12 - Ethnic intimidation
	R.C. 4511.19 - Operating vehicle under the influence of alcohol or
device	drugs - OVI. (A second violation within five years of
	the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

Request for Child Abuse and Neglect Report Information

This request for child abuse and neglect information is being made by the county department of Job and Family Services (CDJFS) in accordace with Ohio Revised Code (ORC) section 5104.11 which requires a check of Public Children Services Agency (PCSA) records for any person who applies for certification or re-certification as a type B child care provider, emergency or substitute caregiver, or other adults residing in the home.

Child Care Provider Information (please print)

This request for information in records of child abuse and neglect is required by state law. Any information received will be evaluated by the CDJFS to determine if you can provide safe and healthy care for children.

Full Name of Child Care Provider *	Maiden Na	me, Previ	ous	Date of Birth	
(Last name, First name, Middle name orlnitial)	Name or alias	(if applicat	ole)		
			8		
Home Address of Provider	City	State	Zip Code	Social Security Num	ber*
Floride Address of Floride	Only	Otato	Lip oode	Coolar ocounty ivan	.DCI
	In			, , ,	
Provider Vendor#	Provider I	ype B - L	imited or Pro	ofessional?	
Signature of the Provider	<u> </u>			Date of Signature	
× .					
Full Name of Emergency Caregiver	Maiden Na	me Prev	inus	Date of Birth	
Tull Name of Emergency Caregiver	Name or Alia			Date of Birth	
N/A		N/A	-10	N/A Social Security Numb	or*
Home Address of Emergency Caregiver				Social Security Numb	Jei I
N/A				N/A	
Signature of Emergency Caregiver				Date of Signature	
N/A				N/A	
Full Name of Other Household Adult	Maiden Na	me, Prev	ious	Date of Birth	
	Name or Alia	s (if applica	ble)		
e ⁻³					
Home Address of Other Household Adult	City	State	Zip Code	Social Security Nun	nber*
	3-02-03-7			100 - 100 -	
Signature of the Other Household Adult			*********	Date of Signature	
Signature of the Other Household Addit				Date of olginature	
Full Name of ALL Children: Biological and St					with you. Date of
Full Name	Date of Birth	1	Social ity Number*	Signature (if applicable)	Signature
T dii Name			ity italiiooi	(ii diplication)	- J.g. rate.
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Request for Child Abuse and Neglect Report Information

IDENTIFICATION FROM TH	E CDJFS REQUESTING INFOR	MATION (please print)
Name of County Staff Donna Fahy, WPS	County Agency Name Franklin County Job and Family Services	Date Sent to PCSA
Signature of County Staff Donna Fahy, WPS		Telephone Number (614) 233-2501
Address of County Staff (form will b 345 East 5th Ave. Columbus, Oh 43201	e returned to this address)	E-mail Address wdmffb@fcdifs.franklincountyohio.gov
INFORMATION FROM PCS	A REVIEWER (please print)	
Name of PCSA Staff	County Agency Name	Date Received
Signature of PCSA Staff		Telephone Number
List of documents attached**		Date Sent to County Staff

^{*}The social security number will be used only for purposes of administering the state's publicly funded child care program. The CDJFS must verify the social security number and date of birth with at least one piece of identification that contains the individual's social securtiy number. The verification must be kept in the case file, do not attach social security number verification information with this form.

^{**}Documents attached are to include a summary of the chronology of substantiated and indicated child abuse and neglect reports contained in the registry and the PCSA that conducted the assessment/investigation of each report. If the applicant is not listed in the registry please provide a statement to that effect.

Ohio Department of Job and Family Services STATEMENT OF NONCONVICTION FOR TYPE B HOMES AND IN-HOME AIDES

This statement must be signed by every: certified type B home provider, emergency and substitute caregivers and all persons 18 years of age and older who reside in a type B home. This statement must be kept on file at the home or County Department of Job and Family Services (CDJFS).

- Si ididi	re of Person Completing Form	3000011 210	1.353 of the Revised Code.	D	ate
Street A	ddress				
Sti eet A	uuless				
City		State	Zip Code	Telephone	Number
	I am unable to sign the states section 2151,353 of the Revis		because I have had a child	d removed fr	om my home as described in
	l am unable to sign the stater or (A)(9) of section 109.572 or				ne included in divisions (A)(8)
	I have reviewed the rehabilitat determined that person name that the requirements for reha	d above me	ets the rehabilitation require		
CDJFS \	Worker Signature			Dat	e
	WebCheck or other approved m				
that fir	ounty child care worker for the ngerprints have been electronic igation (BCII), or mailed if elect inal records check for the above r	ally submit	ted to the Ohio Bureau of ssing exemption criteria	Criminal Ide	and date below verifying
that fir Invest A crimi	ngerprints have been electronic igation (BCII), or mailed if elect inal records check for the above r	cally submit ronic proce named indivi	ted to the Ohio Bureau of ssing exemption criteria	Criminal Ide are met. e)	and date below verifying entification and
that fir Invest A crimi	ngerprints have been electronic igation (BCII), or mailed if elect inal records check for the above r	cally submit ronic proce named indivi	ted to the Ohio Bureau of essing exemption criteria a dual was requested on (dat	Criminal Ide are met. e)	and date below verifying entification and
that fir Invest A crimi Ohi Signatu	igation (BCII), or mailed if electinal records check for the above roots above roots of CDJFS worker entified provider of a type B home and who is under eighteen years e listed in divisions (A)(8) or (A)(9)	cally submit ronic proce named indivi ederal Bure must sign th of age has b	ted to the Ohio Bureau of issing exemption criteria a dual was requested on (data au of Investigation (FBI) reduced the following statement: I help the en adjudicated a delinque	cords check	and date below verifying entification and (please check) Date at no one who resides in myommitting a violation of any
that fir Invest A crimi Ohi Signatu	igation (BCII), or mailed if electinal records check for the above roots above roots of CDJFS worker entified provider of a type B home and who is under eighteen years e listed in divisions (A)(8) or (A)(9)	cally submit ronic proce named indivi rederal Bure must sign th of age has b	eted to the Ohio Bureau of essing exemption criteria a dual was requested on (data au of Investigation (FBI) reduced by the following statement: I help the en adjudicated a delinque 109.572 or division (A)(1) of	cords check	and date below verifying entification and (please check) Date at no one who resides in my ommitting a violation of any he Revised Code.
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that fir Invest A crimi Ohi Signatu The cehome in offense Signatu To I have record these I home	ertified provider of a type B home and who is under eighteen years e listed in divisions (A)(8) or (A)(9) BE SIGNED BY THE COUNTY reviewed the results of this persons check, FBI records checks to be reviewed and content of the persons of the persons check, FBI records checks to be reviewed and indivisions (A)(B) or (A)(B) or (B)(B)	cally submit ronic proce named indivi- rederal Bure must sign the of age has be of section CHILD CAR on's criminal records check	eted to the Ohio Bureau of essing exemption criteria adual was requested on (data au of Investigation (FBI) reduced the following statement: I help the enadjudicated a delinque 109.572 or division (A)(1) of E WORKER records check on the following.	cords check reby attest the child for conference of 5104.09 of the conference of the	and date below verifying entification and (please check) Date at no one who resides in my ommitting a violation of any he Revised Code. Date Ohio BCII Code requires the results of

This is a prescribed form which must be used to meet the requirements of rule 5101:2-14-11 of the Administrative Code.

Name (please print or type)

Prohibited Offenses

R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996) R.C. 2905.05 - Criminal child enticement sex offenses R.C. 2907.02 - Rape	R.C. 2913.33 - Making or using slugs R.C. 2913.05 - Telecommunications fraud R.C. 2913.06 - Unlawful use of telecommunications R.C. 2913.11 - Passing bad checks R.C. 2913.21 - Misuse of credit cards R.C. 2913.31 - Forgery; identification card R.C. 2913.32 - Criminal simulation R.C. 2913.40 - Medicaid fraud R.C. 2913.41 - Prima facie evidence of purpose to defraud R.C. 2913.42 - Tampering with records R.C. 2913.43 - Securing writings by deception R.C. 2913.44 - Personating an officer R.C. 2913.45 - Defrauding creditors R.C. 2913.46 - Illegal use of food stamps or WIC program benefits R.C. 2913.47 - Insurance fraud R.C. 2913.48 - Worker's compensation fraud R.C. 2913.49 - Identity fraud Offenses against the family R.C. 2919.22 - Endangering children R.C. 2919.23 - Interference with custody R.C. 2919.25 - Domestic violence Offenses against justice and public administration R.C. 2915.11 - Perjury
R.C. 2903.02 - Murder R.C. 2903.03 - Voluntary manslaughter R.C. 2903.04 - Involuntary manslaughter R.C. 2903.11 - Felonious assault R.C. 2903.12 - Aggravated assault R.C. 2903.13 - Assault R.C. 2903.16 - Failing to provide for a functionally impaired person lenacing R.C. 2903.15 - Permitting child abuse R.C. 2903.21 - Aggravated menacing R.C. 2903.21 - Menacing by stalking R.C. 2903.22 - Menacing atient abuse and neglect R.C. 2903.34 - Patient abuse, neglect (idnapping and related issues R.C. 2905.01 - Kidnapping R.C. 2905.02 - Abduction R.C. 2905.05 - Criminal child enticement (iex offenses R.C. 2907.02 - Rape R.C. 2907.03 - Sexual battery	R.C. 2913.06 - Unlawful use of telecommunications R.C. 2913.11 - Passing bad checks R.C. 2913.21 - Misuse of credit cards R.C. 2913.32 - Criminal simulation R.C. 2913.32 - Criminal simulation R.C. 2913.40 - Medicaid fraud R.C. 2913.41 - Prima facie evidence of purpose to defraud R.C. 2913.42 - Tampering with records R.C. 2913.43 - Securing writings by deception R.C. 2913.43 - Securing writings by deception R.C. 2913.44 - Law Enforcement emblem display R.C. 2913.45 - Defrauding creditors R.C. 2913.46 - Illegal use of food stamps or WIC program benefits R.C. 2913.47 - Insurance fraud R.C. 2913.48 - Worker's compensation fraud R.C. 2913.49 - Identity fraud Offenses against the family R.C. 2919.22 - Endangering children R.C. 2919.23 - Interference with custody R.C. 2919.24 - Contributing to unruliness or delinquency of a child R.C. 2919.25 - Domestic violence Offenses against justice and public administration
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R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996) R.C. 2905.05 - Criminal child enticement Sex offenses R.C. 2907.02 - Rape R.C. 2907.03 - Sexual battery	R.C. 2919.12 - Unlawful abortion R.C. 2919.22 - Endangering children R.C. 2919.23 - Interference with custody R.C. 2919.24 - Contributing to unruliness or delinquency of a child R.C. 2919.25 - Domestic violence Offenses against justice and public administration
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R.C. 2907.02 - Rape R.C. 2907.03 - Sexual battery	R.C. 2919.24 - Contributing to unruliness or delinquency of a child R.C. 2919.25 - Domestic violence Offenses against justice and public administration
R.C. 2907.03 - Sexual battery	R.C. 2919.25 - Domestic violence Offenses against justice and public administration
R.C. 2907.03 - Sexual battery R.C. 2907.04 - Corruption of a minor	Offenses against justice and public administration
R C 2907 04 - Corruption of a minor	
	N.G. 2021.11-1-01jury
R.C. 2907 05 - Gross sexual imposition	R.C. 2921.13 - Falsification
R.C. 2907.06 - Sexual imposition	Weapons control
R.C. 2907.07 - Importuning	R.C. 2923.12 - Carrying a concealed weapon
R.C. 2907.08 - Voyeurism	R.C. 2923.13 - Having a weapon while under disability
R.C. 2907.09 - Public indecency	R.C. 2923.161 - Improperly discharging a firearm at or into a habitation
R.C. 2907.12 - Felonious sexual penetration (as this former section	or school
of law existed)	R.C. 2923.01 - Conspiracy
R.C. 2907.21 - Compelling prostitution	R.C. 2923.02 - Attempt, that relates to a crime specified in division
R.C. 2907.22 - Promoting prostitution	109.572 (A) (9)
R.C. 2907,23 - Procuring	R.C. 2923.03 - Complicity, that relates to a crime specified in division
R.C. 2907.25 - Prostitution	109 572 (A) (9)
R.C. 2907.31 - Disseminating matter harmful to juveniles	Drug offenses
R.C. 2907.32 - Pandering obscenity	R.C. 2925.02 - Corrupting another with drugs
R.C. 2907.321 - Pandering obscenity involving a minor R.C. 2907.322 - Pandering sexually oriented matter involving a minor	R.C. 2925.03 - Trafficking in drugs
R.C. 2907.322 - Pandering Sexually oriented matter involving a filling R.C. 2907.323 - Illegal use of a minor in nudity-oriented material	R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
or performance	R.C. 2925.05 - Funding of drug or marijuana trafficking
	R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
Arson R.C. 2909.02 - Aggravated arson	R.C. 2925.11- Possession of drugs or marijuana that is not a minor
R.C. 2909.22 - Soliciting or providing support for act of terrorism	drug possession offense in section R.C. 2925.01
R.C. 2909.23 - Making terroristic threat	Other
R.C. 2909.24 - Terrorism	R.C. 959.13 - Cruelty to animals
R.C. 2909.03 - Arson	R.C. 2905.11 - Extortion
Robbery and Burglary	R.C. 3716.11 - Placing harmful objects in food or confection
R.C. 2911.01 - Aggravated robbery	R.C. 2909.04 - Disrupting public services
R.C. 2911.02 - Robbery	R.C. 2909.05 - Vandalism
R.C. 2911.11 - Aggravated burglary	R.C. 2917.01 - Inciting to violence
R.C. 2911.12 - Burglary	R.C. 2917.02 - Aggravated riot
Theft and Fraud	R.C. 2917.03 - Riot
R.C. 2913.02 - Theft, aggravated theft	R.C. 2917.31 - Inducing panic
R.C. 2913.03 - Unauthorized use of a vehicle	R.C. 2921.03 - Intimidation
R.C. 2913.04 - Unauthorized use of property, computer, cable, or	R.C. 2921.34 - Escape
telecommunication property or service	R.C. 2921.35 - Aiding escape or resistance to authority
R.C. 2923.02 - Attempt	R.C. 2927.12 - Ethnic intimidation
R.C. 2913.041 - Possession or sale of unauthorized cable television	R.C. 4511.19 - Operating vehicle under the influence of alcohol or
	drugs - OVI. (A second violation within five years
	the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

Ohio Department of Job and Family Services MEDICAL STATEMENT FOR TYPE B HOME AND IN-HOME AIDE CHILD CARE PROVIDERS

To the physician, physician's assistant (PA), advanced practice nurse (APN), certified nurse midwife (CNM) or certified nurse practitioner (CNP): The completion of the form is required before this applicant can be certified as an in-home provider for child care services. Child care services includes the full time or part time care of up to six children ages birth to thirteen years.

All sections of this form must be completed. Name of Child Care Provider Date of Birth Street Address City State Zip Code Date of Exam This is to certify that I have examined the above named person who I have found: ☐ Yes ☐ No Is free from communicable disease. Has been immunized against measles and mumps, or was born before December 31, 1956 Yes No and has a disease history of measles and mumps, or is exempt from this requirement for medical or religious reasons. If exempt, please explain: Has been immunized against rubella, or has a laboratory test demonstrating detectable ☐ Yes ☐ No rubella antibodies, or is exempt from this requirement for medical or religious reasons. If exempt, please explain: Yes No Is free from tuberculosis as verified by a current TB test: (date). ☐ Yes ☐ No Has been immunized against Tetanus and Diphtheria or is exempt from this requirement for medical or religious reasons. (At the time the next booster for Tetanus and Diphtheria is due, the provider or in-home aide must also be immunized against Pertussis.) (Tdap) If exempt, please explain: Is free from any known physical or mental health problems which might interfere with the ☐ Yes ☐ No safety or health of children, or might prohibit this individual from providing adequate care for a group of young children in a home setting. If not, please explain: Printed name of Physician, PA, APN, CNM or CNP Telephone Number Street Address State Zip Code Signature of the examining Physician, PA, APN, CNM or CNP

This prescribed form is used to meet the requirements of Chapter 5101:2-14 of the Ohio Administrative Code.

(Rev. October 2007) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)						
	Business name, if different from above	Business name, if different from above					
	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=par ☐ Other (see instructions) ▶		Exempt payee				
c Inst	Address (number, street, and apt. or suite no.) Requester's name and			address (optional)			
becui	City, state, and ZIP code						
n eee	List account number(s) here (optional)	1,34					
ar	Taxpayer Identification Number (TIN)						
eku en,	r your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to up withholding. For individuals, this is your social security number (SSN). However, for a resplayer or disregarded entity, see the Part I Instructions on page 3. For other entities are player identification number (FIN). If you do not have a number, see How to get a TIN or	sident es, it is	Social sec	urity number			
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provide your correct TIN. See the instructions on page 4.

Signature of Here U.S. person ▶

Sign

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- · An estate (other than a foreign estate), or
- · A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity.

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN, $\,$

- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
- 2. The United States or any of its agencies or instrumentalities.
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- 5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- A futures commission merchant registered with the Commodity Futures Trading Commission,
 - 10. A real estate investment trust,
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for		
Interest and dividend payments	All exempt payees except for 9		
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker		
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5		
Payments over \$600 required to be reported and direct sales over \$5,000'	Generally, exempt payees 1 through 7		

See Form 1099-MISC, Miscellaneous Income, and its instructions.

However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from

backup withholding; medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

	For this type of account:	Give name and SSN of:		
1.	Individual	The individual		
2.	Two or more individuals (joint account)	The actual owner of the account or if combined funds, the first individual on the account '		
3.	Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²		
4.	The usual revocable savings trust (grantor is also trustee)	The grantor-trustee '		
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner		
5.	Sole proprietorship or disregarded entity owned by an individual	The owner 3		
	For this type of account:	Give name and EIN of:		
6.	Disregarded entity not owned by an individual	The owner		
7.	A valid trust, estate, or pension trust	Legal entity *		
8.	Corporate or LLC electing corporate status on Form 8832	The corporation		
9.	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization		
10.	Partnership or multi-member LLC	The partnership		
11.	A broker or registered nominee	The broker or nominee		
12.	Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity		

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scarn the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal accuracy of criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.



Commissioners Paula Brooks, President Marilyn Brown John O'Grady

Department of Job and Family Services David E. Migliore, Director

North Community Opportunity Center Patricia Ross, Center Director

Consent to Release Information

For the purposes of my certification, and as long as I remain certified as a Type B child care provider with the Franklin County Department of Job and Family Services, I hereby authorize the Child Care Certification Unit to disclose, release and share any and all information pertinent to myself and/or my child care business to the entities listed below. By signing this Release, I also hereby authorize these entities to disclose, release and share with the Child Care Certification Unit any and all information and records which have been maintained in their normal course of business.

1.	References listed on application.
2.	Police Department.
3.	Fire Department.
4.	Applicant's County Children's Services Agency.
5.	Physician/Nurse Practitioner noted on provider medical form.
6.	Present and former employers
7.	Action for Children.
8.	Children's Hunger Alliance.
9.	Child Development Council.
10.	Landlord/Owner of property where care will be provided.
11.	Foster Agency: Address:
	Phone#: Contact Name:
1.0	

I understand that any information that is disclosed, released, and shared between the Child Carc Certification Unit and such entities must otherwise remain confidential as required by law in regards to non-specified individuals or entities.

I further understand that upon termination of my contract, the Child Care Certification Unit may inform any of the above entities of this action, and indicate whether the action was self or agency initiated.

Signature:			
Date:			
	1111	**********	

LIMITED CERTIFIED PROVIDERS WEEKLY REIMBURSEMENT RATES

Effective: August 23, 2009

Parent / Provider Inspected Rates:

	Infant 0 – 18 mos.	Toddler 18 mo. – 3 yr.	Preschool 3 yr. – entry to K	School Age K – 13 yr.	Summer School Age K – 13 yr.
Full Time Week (25 + hr/wk)	\$73.21	\$91.31	\$72.92	\$59.81	\$73.52
Part Time Week (7 – 24.9 hr/wk)	\$63.88	\$57.61	\$57.05	\$42.57	\$58.99
Hourly (Under 7 hr/wk)	\$3.10	\$2.93	\$3.08	\$3.64	\$3.65
Hourly OT (Over 50 hr/wk)	\$3.10	\$2.93	\$3.08	\$3.64	\$3.65

Agency Inspected Rates:

	Infant 0 – 18 mos.	Toddler 18 mo. – 3 yr.	Preschool 3 yr. – entry to K	School Age K-13 yr.	Summer School Age K – 13 yr.
Full Time Week (25 + hr/wk)	\$91.52	\$114.14	\$91.16	\$74.76	\$91.90
Part Time Week (7 - 24.9 hr/wk)	\$79.85	\$72.02	\$71.31	\$53.21	\$73.74
Hourly (Under 7 hr/wk)	\$3.88	\$3.66	\$3.85	\$4.55	\$4.56
Hourly OT (Over 50 hr/wk)	\$3.88	\$3.66	\$3.85	\$4.55	\$4.56

Full time means 25 - 50 hours of care per week.

Part time means 7 - 24.9 hours of care per week.

Hourly rates will be paid for those hours of care over 50 per week and for care under 6.9 hours per week.

Agency Inspected means:

- An annual home inspection is conducted by certification specialist.
- Provider has met minimal requirements to participate in the USDA food program.

Parent / Provider Inspected means:

- Home inspection is conducted by the parent and provider.
- · Provider is not eligible to participate in the USDA food program.

Please carefully choose whether you wish your home to be Agency Inspected (AI) or Parent / Provider Inspected (PPI). You will be asked to wait until your annual renewal to make changes.

Parent / Provider Limited Certified Rate Sheet

Provider's Name:		
Address:		
City, State, Zip Code:		
Phone Number:	Date:	
Does the child / children in yo	our care have any identified special needs? Yes No	
What days is/are the child/chi	ldren in your care? Mon Tue Wed Thurs Fri Sat Sun	Ĺ
What time is/are the child/chi	dren in your care?	_
*** Please see the reverse sid	e of this form for important information re: completing th	is

IF YOU HAD TO SET YOUR OWN RATES OF PAY, WHAT WOULD THOSE RATES BE?

YOU MUST ENTER A RATE IN EACH SPACE UNDER "YOUR CHOSEN RATE". DO NOT LEAVE ANY SPACE BLANK!

Full-time week: >25 hrs/wk Part-time week: 7 – 24.9 hrs/wk; Hourly: Under 7 hrs/wk

		State Ceiling	State Ceiling + 15%	Your Chosen Rate
Infant	Full-time Week	\$73.21	\$84.19	
Toddler	Full-time Week	\$91.31	\$105.00	
Pre-School	Full-time Week	\$72.92	\$83.86	11.0-1
School Age	Full-time Week	\$59.81	\$68.78	
Summer School Age	Full-time Week	\$73.52	\$84.55	
Infant	Part-time Week	\$63.88	\$73.46	10000
Toddler	Part-time Week	\$57.61	\$66.25	
Pre-School	Part-time Week	\$57.05	\$65.61	
School Age	Part-time Week	\$42.57	\$48.95	
Summer School Age	Part-time Week	\$58.99	\$67.84	2.4
Infant	Hourly	\$3.10	\$3.56	
Toddler	Hourly	\$2.93	\$3.37	
Pre-School	Hourly	\$3.08	\$3.54	
School Age	Hourly	\$3.64	\$4.19	
Summer School Age	Hourly	\$3.65	\$4,20	44.40

** Please note that even though you are being asked to submit chosen rates, State law prohibits Limited Certified providers from providing care to any children NOT authorized by the County.

Providers who provide care in the following three (3) situations shall be reimbursed an additional five percent (5%) amount above the provider's reimbursement rate. The additional 5% amount for each situation, up to a total of 15%, shall be paid if the provider meets the requirement:

1. Care is provided to a child with documented special needs. The extra 5% only applies to this specific special needs child.

2. Care is provider to a child whose parent works non-traditional hours. Non-traditional hours are defined as between 7:00 p.m. and 6:00 a.m. on weekdays, and between 6:00 a.m. Saturday and 6:00 a.m. Monday. The extra 5% only applies to this specific child.

3. Providers who have attained accreditation. The extra 5% applies to all children in care. Acceptable accreditations are limited to:

• National association for the Education of Young Children (NAEYC)

• National early childhood program accreditation (NECPA)

 National accreditation commission for early care and education programs (NAC) managed by the national association of child care providers (NACCP)

• National association for family child care (NAFCC)

• National after school association (NAA)

A provider cannot receive any of the 5% incremental increases unless the sum of their chosen rate and the additional 5% is equal to, or less than, the provider's chosen rate.

Chosen rate: The rate that the provider would charge if they were offering child care services to non-subsidized customers rather than just to the County.

Basic rate: The base rate on the contract that the County agrees to pay before any of the 5% options have been added. This cannot be higher than the State mandated market rate.

On the reverse side is a chart that details what the State mandated market rates are for Parent / Provider Inspected (PPI) Limited Certified providers, and indicates also what the provider's chosen rate would need to be in order for them to have the potential to bill for all three of the 5% increments described in the enclosed letter. Please enter your chosen rate in the designated columns.

BCI&I & FBI – WEB CHECK FINGER PRINTING FOR FCDJFS CHILD CARE CERTIFICATION LIMITED AND PROFESSIONAL CERTIFICATION PROCESSES

1. WHO NEEDS TO HAVE THEIR FINGER PRINTS SCANNED?

 The PROVIDER CANDIDATE, ALL HOUSEHOLD ADULTS 18 YEARS OF AGE OR OLDER, AND YOUR EMERGENCY / SUBSTITUTE CAREGIVER (Emergency/Substitute Caregivers are for professional certification only).

2. WHERE DO I HAVE THE RESULT LETTERS SENT TO?

· Mail Background Check Results to:

FCDJFS / CERTIFICATION UNIT 345 E. 5th AVE. COLUMBUS. OH 43201-2819

3. WHERE CAN I HAVE MY FINGER PRINTS SCANNED?

You can have your finger prints scanned at the following locations:

ACTION FOR CHILDREN

78 Jefferson Ave. Columbus, OH 43215
Ph# 224-0222
Tuesday, Wednesday, & Thursday – 12:30 p.m. to 4:15 p.m. only
Must bring photo ID
Cash only – in the exact amount (change is not available)
BCI&I Web Check -- \$22.00
FBI Web Check -- \$30.00
FBI & BCI&I Web Check -- \$52.00

CHILDREN'S HUNGER ALLIANCE

370 S. 5th St. Columbus, OH 43215 Ph# 341-7700 Tuesday, Wednesday, & Thursday – 9:00 a.m. to 1:45 p.m. Must bring photo ID Cash or Money Order made payable to: Children's Hunger Alliance BCI&I Web Check -- \$22.00

COLUMBUS POLICE DEPARTMENT

120 Marconi Blvd. Columbus, OH 43215 – 2nd Floor Ph# 645-4696 Monday – Friday – 8:00 a.m. to 4:00 p.m. Must bring photo ID Cash or personal check, made payable to: City Treasurer / Police

COLUMBUS POLICE DEPARTMENT CONTINUED:

BCI&I Web Check -- \$32.00 FBI Web Check -- \$34.00 FBI & BCI&I Web Check -- \$56.00

FRANKLIN COUNTY SHERIFF'S OFFICE PHOTO LAB 410 S. High St. Columbus, OH 43215 Ph# 462-5090 Monday – Friday – 9:00 a.m. to 2:00 p.m. Must bring photo ID Cash or Money Order ONLY BCI&I Web Check -- \$30.00 FBI & BCI&I Web Check -- \$60.00

PLEASE TAKE THIS PAPER WITH YOU WHEN YOU GO TO HAVE YOUR FINGERPRINTS SCANNED SO THE AGENT WILL KNOW EXACTLY WHERE TO SEND THE RESULTS. THANK YOU.